. No. 2
—1-4-41
5-17-39
I X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25160

State File No. 25160

Registration District No. 316 | Primary Registration District No. 3059 | Registrar's No. 35

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

94
2
1

3. (a) PRINT FULL NAME Herman J. Fink
3. (b) If veteran, name war .....
3. (c) Social Security No. 702-16-6501

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased February 17 (Month) 1872 (Day) (Year)

8. AGE: Years 70 | Months 4 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Flucom (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Railroad Engineer
11. Industry or business .....

FATHER
12. Name Christian Fink
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Katherine Schmidt
15. Birthplace Flucom (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Emma Fink
(b) Address Bonne Terre Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre Cemetery
18. (a) Signature of funeral director Fink Undertaking Co.
(b) Address 222 Main, Festus, Missouri
19. (a) July 15, 1942 (Date received by local registrar) (b) Byrdie Buhmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1942 hour 12 minute 40 P. M.
21. I hereby certify that I attended the deceased from July 7, 1942, to July 8, 1942; that I last saw him alive on July 7, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy (Cerebral hemorrhage)	4 days
Due to: Cardio-vascular-renal disease	5 or 6 years
Due to:	
Other conditions: Cardio-vascular-renal disease (Include pregnancy within 3 months of death)	5 or 6 years

Major findings:
Of operations: No operation
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

13 a

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
While at work? — (Specify type of place) (e) Means of injury —

23. Signature David E. Smith (M. D. or other) M.D.
Address Bonne Terre, Mo. Date signed 7-13-42

1176

(Licensed Embalmer's Statement on Reverse Side)

AUG 18 1942

RECEIVED

District Health Officer No. 4

District File Number 842-1002

Date Filed 8-11-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~

Eleuan Province, ~~Registered Apprentice No.~~

~~working under my personal supervision~~

Signed Province

Licensed Embalmer No. 3403

P. O. Address Festus, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.